Weekly Sleep Log

The state of the s	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date:							
What time did you go to bed?							
What time did you turn the lights out to go to sleep?							
About how long did it take you to fall asleep? (1/2, 1, 2 hours, etc.)							
How many times did you wake up last night?							
About how long were you awake during the night? (total time of all awakenings) (1/2, 1, 2 hours, etc.)							
What was your final wake up time this morning?							
What time did you get out of bed?							
About how many hours did you sleep last night?							
Sleep medications (indicate dose):							

Record your negative and positive sleep thoughts (NSTs & PSTs)

	Negative Sleep Thoughts	Positive Sleep Thoughts
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

Goals this week:

- 1.
- 2.
- **3.**
- 4.
- 5.